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60680

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 012	Agency Case No. B5-086333	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		(In Military Time) TIME OF ACCIDENT 1610	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1612	09/18/2015	
B 85	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N.33rd St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
Baldwin Ave.						
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13460021		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 5	DRIVER	MIRANDA L SWETLAND		PHONE	LOCAL NO.	
V2/N 5	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/18/1994	
G 2	OWNER	Miranda L Swetland		PHONE	LOCAL NO.	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB478005	
I 1	LICENSE PLATE PA NO.	YEAR MAKE MODEL BODY STYLE COLOR		ESTIMATED DAMAGE	NE	
V1/O 1	VEHICLE	2002 Dodge Neon	4 door Sedan	gold	TOALED \$ 1200	
V2/O 1	VEHICLE ID NO. (VIN)	1B3ES46C92D642545		INSURANCE COMPANY	Shelter Insurance	
J 01	TOWED TO	TOWED BY		POLICY NO.	210260099390830002	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H12703058		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	TODD A ROSS		PHONE	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/10/1974	
J 01	OWNER	Matthew Innis		PHONE	LOCAL NO.	
K 02	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
L 4	LICENSE PLATE PA NO.	YEAR MAKE MODEL BODY STYLE COLOR		ESTIMATED DAMAGE	NE	
V1/Q 4	VEHICLE	1990 BMW	525I	4 door Sedan	black	TOALED \$ 600
V2/Q 4	VEHICLE ID NO. (VIN)	WBAHC1318LBC91036		INSURANCE COMPANY	Jeff Munns Agency	
M 02	TOWED TO	TOWED BY		POLICY NO.	AU374037	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086333

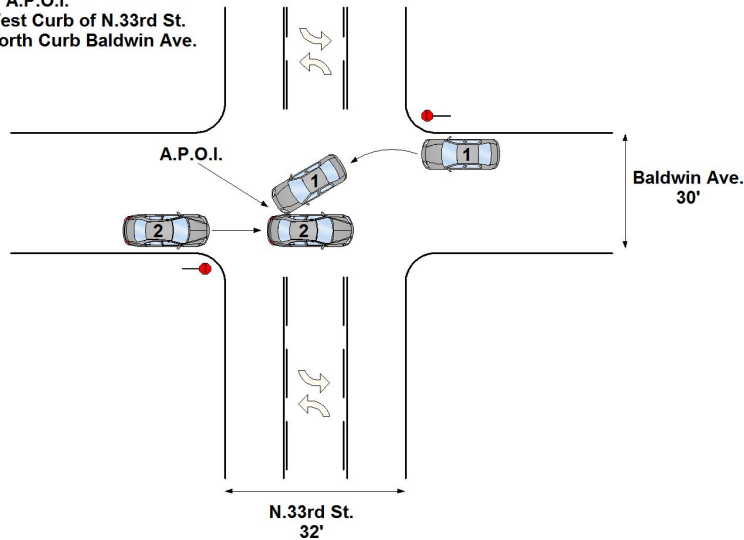


Indicate
North
by Arrow



Not To Scale

A.P.O.I.
10' East of West Curb of N.33rd St.
24' South of North Curb Baldwin Ave.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Ofcs. contacted Miranda, D1, and Todd, D2, after the accident had been moved from the street. D1 stated she was WB on Baldwin stopped at the stop sign. D1 said she had checked all directions and thought it was clear for her to make the left turn, SB, onto N.33rd St. D1 did not recall seeing V2 EB and thought V2 was actually NB. D2 said he was stopped EB on Baldwin crossing N.33rd St. after NB/SB traffic cleared. D2 said he saw V1 WB waiting to turn SB, and he was 3/4 the way into the intersection when V1 began turning towards him. D2 said he tried to avoid the collision, but he was unsuccessful as def caught his back quarter panel on the driver's side.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	Baldwin Ave.										
2		X			Baldwin Ave.										
1	06	06 Turning left				VEHICLE 1		VEHICLE 2		1		VEH 1		1	
2	01	08 Entering traffic lane				POINT OF IMPACT		08	POINT OF IMPACT	06	2		Driver No. 2		
		09 Leaving traffic lane				MOST DAMAGED AREA		08	MOST DAMAGED AREA		3		Driver No. 1		
		10 Parked				00 None		02		03		4		Pedestrian	
		11 Slowing or stopped in traffic				09 Top & windows		04		05		5			
		12 Other				10 Undercarriage		06		07		6			
		13 Unknown				11 Total (all areas)		08		09		7			
						12 Other		09		10		8			
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